



RWJMS MD/PhD PROGRAM THESIS ADVISOR SELECTION FORM

At the end of the second year of medical school studies, each student is required to enroll in a graduate program based in the university in which the thesis advisor holds their primary appointment. This form must be forwarded to the Tina Marottoli, MD/PhD program office, by November 1 of the second year of medical school unless a post-M2 rotation is approved in advance by the program director.

I, _____ will serve as Thesis Advisor for _____
(Advisor's Name) (Student's Name)

and he/she will follow the course curriculum of _____.
(Name of Graduate Program)

I will begin supporting the student as of _____ at the stipend of _____.
(Amount min. \$33,999)

I understand that program guidelines regarding Graduate Assistantship require the stipend stipulated in the program Memorandum of Understanding, tuition and full insurance benefits must be paid by the mentor for the duration of the PhD. Additionally, I understand the requirements for student participation in the MD/ PhD program such as but not limited to the MD/PhD Symposium, monthly MD/PhD colloquia, annual meetings with the Program Director or their designate, annual thesis committee meetings and clinical experience.

The source of funding for this student is: _____.
(i.e. - NIH, NSF, Name of source)

Signature of Advisor: _____

Student's current home address: _____

Area below to be filled out by MD/PhD Program Office - Do not write below line

Univ. Affil. of Advisor: _____

Program selected: _____

Transfer of Univ. required: yes _____ no _____